

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

FORM 8  
Rev. 1/49

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Birth No. 132 5

MAR 6 1952

REGISTRATION DISTRICT NO. 9720 REGISTRAR'S CERTIFICATE NO. \_\_\_\_\_

4340

1. PLACE OF DEATH a. COUNTY <u>Wilkes</u>		b. TOWNSHIP	c. LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N.C.</u> b. COUNTY <u>Wilkes</u>			
d. CITY OR TOWN <u>Wilkesboro</u>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN <u>Wilkesboro</u>		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS or R. F. D. NO.			
3. NAME OF DECEASED a. (First) <u>PATTERSON</u> b. (Middle) <u>Roby</u> c. (Last) <u>PENNELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 8 52</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-10-81</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wilkes County N.C.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Benjamin Pennell</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Estes</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <u>Mr. Oma Anderson, Wilkesboro</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of Lung</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown cause</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Myers</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>North Wilkesboro N.C.</u>		23c. DATE SIGNED <u>3-1-52</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moravian Falls</u>		24d. LOCATION (City, town or county) (State) <u>Wilkes County, N.C.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 4 52</u>		REGISTRAR'S SIGNATURE <u>Marie Greene</u>		25. FUNERAL DIRECTOR ADDRESS <u>Reino Storduant, N. Wilkesboro</u>			

THIS COPY FOR STATE BOARD OF HEALTH